

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street)

430 North Michigan Avenue

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

06

2012

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2012

through

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J Armstrong III

Signature of Treasurer

William J Armstrong III

[Electronically Filed]

Date

10

24

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		2734.00
(b) Cash on Hand at Beginning of Reporting Period.....	51248.61	
(c) Total Receipts (from Line 19)	157.76	2834038.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51406.37	2836772.08
7. Total Disbursements (from Line 31)	30174.76	2815540.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21231.61	21231.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 01 2012

To:

 M M / D D / Y Y Y Y Y
 10 17 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

157.76

2811038.08

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

157.76

2811038.08

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

157.76

2811038.08

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

23000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

157.76

2834038.08

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

157.76

2834038.08

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-497784.24	53679.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-497784.24	53679.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	527959.00	2761861.39
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30174.76	2815540.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30174.76	2815540.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	157.76	2811038.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	157.76	2811038.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	-497784.24	53679.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-497784.24	53679.08

: 97 'A-G79 @5 B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFH'G7 <98I @ 'CF' +19A-N5 HCB

Form/Schedule: F3XN

Transaction ID :

For Line 21b of this report, the 10/17/12 disbursements to Tarrance Group and Public Opinion Strategies represent advance costs for Independent Expenditures that were not publicly disseminated during the reporting period, but will be disseminated in future reporting periods. For the following items, a negative amount is reflected for each on Line 21b of this report and a corresponding positive amount is reflected on Line 24. For the Line 21b negative entries, the full purpose of disbursement should be noted as Transfer to Line 24, Independent Expenditures disseminated. For the Line 24 corresponding positive entries, the full purpose of disbursement for each is: Transfer polling costs from Line 21b to Line 24 due to public dissemination of independent expenditure communication. Items are: Majority Strategies \$242,000.00 on 10/04/12 for Mike Fitzpatrick, Majority Strategies \$ 236,359.00 on 10/05/12 for Tom Reed, Public Opinion Strategies LLC \$24,000.00 on 10/05/12 for Tom Reed and NMB Research LLC \$25,000.00 on 10/04/12 for Mike Fitzpatrick.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
 Chicago IL 60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Corporation

n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2811038.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 15 2012

Transaction ID : AAC0A994EBA2C4D7D816

Amount of Each Receipt this Period

157.76

In-Kind: Administrative & Compliance Support

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.76

157.76

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Majority StrategiesMailing Address 135 Professional Drive
Suite 104City State Zip Code
Ponte Vedra Beach FL 32082Purpose of Disbursement
Trsfr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2012

Transaction ID : B0CC2644D165E4926A42

Amount of Each Disbursement this Period

-242000.00

Full Name (Last, First, Middle Initial)

B. Majority StrategiesMailing Address 135 Professional Drive
Suite 104City State Zip Code
Ponte Vedra Beach FL 32082Purpose of Disbursement
Trsfr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2012

Transaction ID : B2DD154BA3AD44854B80

Amount of Each Disbursement this Period

-236359.00

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011Purpose of Disbursement
In-Kind: Administrative & Compliance Support

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : BA8103E0A21BF4FC48A5

Amount of Each Disbursement this Period

157.76

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-478201.24

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Public Opinion Strategies, LLC

Mailing Address 214 North Fayette Street

City	State	Zip Code
Alexandria	VA	22314

 Purpose of Disbursement
 Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2012

Transaction ID : BB496039FB2684971950

Amount of Each Disbursement this Period

-24000.00

Full Name (Last, First, Middle Initial)

B. Public Opinion Strategies, LLC

Mailing Address 214 North Fayette Street

City	State	Zip Code
Alexandria	VA	22314

 Purpose of Disbursement
 Advance Payment for Polling Expenses (See memo text for detailed explanation)

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : B4CB6AB61D646467987C

Amount of Each Disbursement this Period

17500.00

Full Name (Last, First, Middle Initial)

C. Tarrance Group Inc

Mailing Address 201 N Union Street, Ste 410

City	State	Zip Code
Alexandria	VA	22314

 Purpose of Disbursement
 Advance pymnt for Polling Expenses (See memo text fro detailed explanation)

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : B58726F549915450585D

Amount of Each Disbursement this Period

11917.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5417.00

-472784.24

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee National Association of REALTORS		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 430 N. Michigan Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div>
City Chicago	State IL	
Zip Code 60611-4087		Transaction ID : EA3EC997B7C974A0291D
Purpose of Expenditure Consulting Services	Category/ Type 	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Michael G. Fitzpatrick		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 302140.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) General 2012

Full Name (Last, First, Middle Initial) of Payee NMB Research LLC		Date MM / DD / YYYY 10 / 04 / 2012
Mailing Address 214 North Fayette St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>
City Alexandria	State VA	
Zip Code 22314		Transaction ID : E5D18E012D01B4D43ACC
Purpose of Expenditure Polling Expenses	Category/ Type 	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Michael G. Fitzpatrick		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 302140.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) General 2012

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25300.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William Armstrong

[Electronically Filed]

Signature

Date

MM / DD / YYYY
 10 / 24 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488742 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Majority Strategies		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 135 Professional Drive Suite 104		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 242000.00 </div>
City State Zip Code Ponte Vedra Beach FL 32082	Transaction ID : E57C305FC5BA643019DD	
Purpose of Expenditure Direct Mail Costs	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Michael G. Fitzpatrick		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) <u>General 2012</u>

Full Name (Last, First, Middle Initial) of Payee Majority Strategies		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 135 Professional Drive Suite 104		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 236359.00 </div>
City State Zip Code Ponte Vedra Beach FL 32082	Transaction ID : E3BE4F52B4FC64E6386B	
Purpose of Expenditure Direct Mail Costs	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Tom Reed		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) <u>General 2012</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">478359.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature William Armstrong

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488742 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee National Association of REALTORS		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 430 N. Michigan Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 300.00 </div>
City Chicago	State IL	
Purpose of Expenditure Consulting Services	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Tom Reed		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) <u>General 2012</u>

Transaction ID : ECDE7DD0E4F2542C6A5E

Full Name (Last, First, Middle Initial) of Payee Public Opinion Strategies, LLC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 214 North Fayette Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 24000.00 </div>
City Alexandria	State VA	
Purpose of Expenditure Polling Expenses	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Tom Reed		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) <u>General 2012</u>

Transaction ID : EBE626B24F05A482C9A4

(a) SUBTOTAL of Itemized Independent Expenditures.....	24300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	527959.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William Armstrong

[Electronically Filed]

Date

Signature

M M / D D / Y Y Y Y Y Y